

# Nursing Voice



## Technology Enhancing Care In ACCU

*Photo:  
Staff nurse  
Carol Acernese  
R.N., checks  
on a patient  
in ACCU  
after an alarm  
was sounded  
by the new HP  
monitoring  
system.*

The Acute Coronary Care Unit (ACCU) recently acquired a state-of-the-art monitoring system from Hewlett Packard. The comprehensive monitoring dimensions of this system clearly demonstrate how technological advancements are being applied in health care today.

The Hewlett Packard system comprises two distinct but interrelated components -- the bedside/central monitor and the arrhythmia detection system. The bedside monitor is equipped to detect and generate alarms for abnormal conditions on heart rate, respiratory rate, invasive/non-invasive blood pressure, central venous pressure and pulmonary artery pressure. Numerical values and waveforms are continuously displayed at the bedside and on central desk terminals for evaluation by nurses.

Data management is an additional function of the bedside monitor and is defined as the collection, summarization, and presentation of data. Twenty-four hours worth of values are stored and can be arranged for viewing on each monitored parameter in the form of numerical tables or graphic trends. This (please turn to page 7)

## High Touch: Alternative Methods of Health Care

*"High tech - high touch" -- a phrase used to describe contemporary nursing practice that we have all heard at least 100 times. "High tech" needs little explanation, but what does "high touch" really mean?*

Sue O'Neill and I attended an inservice program on therapeutic touch offered by Jean Daly, R.N., at Lehigh Valley Hospital Center. At the time, I was engrossed in developing the technical skills needed to care for the critically-ill patient. I recognized the need to address the patient as a whole and attend to mental, emotional and spiritual needs. I was not sure I was ready for this! We in health care have our feet so deeply planted in the science of medication that it is difficult to take a step in a new direction.

Jean Daly is a local resident who has developed a private practice in the art of therapeutic touch and other related skills. Therapeutic touch is a method of providing comfort and care to a person, utilizing the "laying on of hands." Many articles have been written on the effects of touch on patients, but seldom do we get to witness these effects firsthand. We watched in amazement as Jean passed her hands around the body of a volunteer (Sue O'Neill), not actually touching her, but just "sensing" her. The concentration was intense. (please turn to page 2)



**The Allentown  
Hospital**

A HealthEast Hospital

17th & Chew Streets  
Allentown, PA 18102

Fall 1987



# Guest Editorial

## High Tech from page 1

The room was silent. Jean said that she "felt" a tremendous amount of tension over Sue's eyes and forehead. Sue admitted to having had severe sinus headaches lately. In an outward motion, Jean pushed the air in front of Sue's sinuses away, and Sue claimed relief.

I was amazed. Sue was stunned. We left the lecture with a great feeling of excitement and a strong desire to know more.

Jean's primary focus of care is directed to cancer patients and those with intractable pain. According to Jean, the key is wholistic health care - treatment of the body, the mind and the spirit.

Jean studied at the Association for Research and Enlightenment of the Edgar Casey Foundation in Virginia Beach. The emphasis of the program is on "universal energy that is always orderly, harmonious and in perfect tune." Jean believes in channeling this energy in a positive way, to achieve wholeness in health.

It has been a long and difficult struggle for Jean to come to terms with her own feelings and doubts only to battle with the doubts of others. The proof is in the well-being of the clients she cares for.

The service Jean Daly provides is so basic and essential, a need that we in the acute care setting find easy to overlook. The nursing profession maintains a philosophy advocating the treatment of the whole patient. Many of our care plans address the need to comfort and reassure. What techniques do we employ to provide for these needs? Jean Daly has developed some tangible techniques and is anxious to share them with her colleagues.

If you wish to learn more about therapeutic touch, Jean Daly offers



The nursing profession is becoming increasingly more competent in handling complex and multifaceted situations. We continue to develop skills in the technical aspects of clinical nursing. Although these clinical skills are essential to achieving physical restoration, the emotional component of the patient -- the humanness of the patient -- is equally important to the nursing process.

Patients and their families enter a dynamic environment, a world of sights, smells and sounds that may be unfamiliar, frightening, depressing, embarrassing, rigid, and beyond their control. As the nurse considers therapeutic intervention with hospitalized patients, sensitivity to the complex facets of hospitalization, and an appreciation of the patient's viewpoint are paramount. The psychological support offered by the nurse influences the patient's perception of the illness and the illness experience. This support also encourages patients to develop their own abilities to understand situations, to regain a sense of control, and to actively participate in their own recovery.

Psychological support encompasses a wide range of goal-directed behaviors -- active listening, conveying acceptance, presencing, building trust, mobilizing hope, providing emotional and informational support to the patients and their families, and facilitating the patient's sense of personhood and dignity.

There is increasing pressure for nurses to be clinically responsible, technically competent, patient, nurturing, and supportive. Nurses need to learn to care for themselves while caring for their patients and to accept their own strengths and limits. Time should be allotted for nurses to share their own feelings and concerns about their patients. This shared work experience would serve to decrease the sense of isolation, to increase collaboration, to develop the professional and personal self-esteem of the nurses, and to support nurses in the provision of higher quality patient care.

The challenge then to nursing is to continue to maintain empathetic professionalism, thus ensuring that the emotional care of the patient receives as much emphasis as the technical care.

*Patsy Lehr, R.N.  
Nursing Education*

an inservice to health care providers and is planning an all-day workshop. We recommend you watch for her in the future.

*Debra Butz, R.N.  
Operating Room/Recovery Room*

*Susan O'Neill, R.N.  
Intensive Care Unit*



# Continuing Education

## LPN Pharmacology/NAPNES Certification

In all areas of health care there is a need for both practitioners and educators to continue to develop their professional knowledge and skills throughout their careers. This is especially magnified in nursing due to the rapidity with which knowledge is increasing as well as the rate at which the technologic methods for applying this knowledge are advancing. The roles of registered and licensed practical nurses are continually expanding and evolving. Continuing education is one way to keep pace with the expanding knowledge base and evolving roles.

The National Association for Practical Nurse Education and Service (NAPNES) has provided, in the area of pharmacology, a certification in the administration of medications. All licensed practical nurses (LPNs) who participate in an approved pharmacology course are eligible to sit for this certification exam. Those who pass the exam

with a score of 70% or greater qualify for NAPNES certification.

This certification is nationally recognized as the acceptable requirement for the administration of medications in *any* hospital. Successful completion of the test is a hard-earned honor deserving of special recognition.

The Allentown Hospital had a very rare honor bestowed recently when the Nursing Department was notified that all of the applicants who took the recently offered pharmacology course had successfully passed.

In addition, three nurses who challenged the exam as well as two more who took the course at Lehigh County Community College also successfully passed the exam.

These nurses worked hard for this honor and deserve special recognition for their efforts.

## CONGRATULATIONS!

Peg Crissey, 4T  
Sandra Hebda, Pediatrics  
Daune Kunkel, 6T  
Mary Kunkel, 5T  
Jan Lawrence, 3T  
Lisa Marsilio, 6T  
Linda Miller, Pediatrics  
Linda Lichtenwalner, Pediatrics  
Marilyn Malanitch, 5T  
Fran McArdle, 6T  
Deb Nenow, Newborn Nursery  
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Diane Tust, Pediatrics

Carol Mickey Midei, R.N.  
Nursing Education

## The Role of the Nurse in 1987 ...

(a follow-up to the article in the Summer 1987 issue called "The Role of the Nurse in 1887")

Nurses of today can look forward to more challenges and expectations than the nurse of 1887!

1. Nurses command more respect than ever before.
2. Nurses are a vital part of the health care team in providing continual care to promote patient wellness.
3. Today, more than ever, the nurse must assist in health prevention programs to facilitate patient well-being both during and after hospitalization.
4. Nurses must strive to keep up with new trends in practice by pursuing continuing education programs.
5. There are now many professional organizations to keep the nursing voice strong and promote a positive image of the profession.
6. Nursing consists not only of physical care but also includes the emotional and spiritual well-being of the patient.
7. Nurses are encouraged to support each other as individuals and also to seek other resources to maintain physical and emotional well-being.

Sue Youtz, R.N.  
Operating Room/Recovery Room



# Clinical Rounds

## Personal Computers in Nursing Administration

Nurse staffing is one of the most challenging and complex problems encountered by nursing administrators and head nurses in the day-to-day management of their patient care units. The quality of patient care on a daily basis is directly influenced by the staffing of nurses. Although it is difficult to quantify patient needs, nurse staffing systems have been developed to assume this role.

In 1985, The Allentown Hospital Ad Hoc Patient Classification Committee, whose members were registered nurses, recommended the purchase of the Medicus Nursing Productivity and Quality System, and Automated Nurse Staffing Office System (ANSOS). These two systems operate on the IBM personal computer and are now in place in the Nursing Administration Office. Two hundred hospitals have the Medicus System and over 400 hospitals are using ANSOS. *What do they do?*

### Medicus

Each morning at 9:30, nurses on all inpatient units use the Medicus tool to classify the needs of their patients. Using a scantron sheet (preprinted computer data sheet), the nurse most responsible for the patient's care selects from a set of 37 pre-established indicators which apply to the patient. The needs of the patient will influence the indicators selected and will affect how the patient "types out."

The data sheets are fed into a mark sense reader attached to the personal computer and processed. From these sheets, data and reports are generated. The patient falls into one of five categories or patient types. The patient type determines the number of hours recommended for nurse staffing needs of a unit on a given day. The data yields objective measures of the nursing workload and provides information regarding patient volume and mix.

### Automated Nurse Staffing Office System

ANSOS allows creation of computerized schedules through "intelligent" scheduling and exact tracking of hands-on nursing care. The system tracks sick time, vacation, overtime and holiday hours. Through management reporting capabilities, ANSOS prepares staffing rosters and summaries; automates preparation of special reports; tracks turnover, position control, license renewal; and prepares timecards for submission to Payroll. The information is updated continuously from the daily staffing sheets which are completed every 24 hours on each nursing unit.



The two computerized systems are electronically interfaced and work together beautifully. It is now possible to track hands-on nursing hours and correlate with patients' conditions and dependence on nursing staff. In the past, there was only census to rely on, and census is certainly only part of the puzzle.

Through various reports, head nurses have an objective and validated system to assist them in evaluating workload levels and trends, to assess required staffing, and to utilize solid data for staffing justifications. Since Diagnostic Related Groups (DRGs), the importance of cost to provide care has become a paramount concern. By utilizing state-of-the-art systems, the Nursing Department at The Allentown Hospital is better able to achieve enhanced management control and support quality nursing programs.

Marion Edwards, R.N.  
Nursing Administration

# Happy Thanksgiving



# Clinical Rounds

## A Nursing Challenge of a Very Different Kind

The phone rings and it is the admitting office: "His name is John Doe, 25 years old of Ward Service Medicine. His diagnosis: multiple drug overdose. Which bed do you want him in?"

Another overdose (O.D.)! There are two other O.D.s in the Intensive Care Unit already. Where should he be placed? The decision is made to put him in a bed near the desk in order to provide close observation. Hopefully, he will not be too noisy.

Waiting for a call from the Emergency Center, you find yourself wondering why there is an increase in the O.D. patients over the past few weeks. Could it really be that old adage about the full moon? It's not close to

a holiday, so you can't blame it on that.

As you ponder, the Emergency Center calls with the patient's report. "This is 25 year old John Doe who overdosed on Valium, Dalmane and Tylenol. He arrived unresponsive and remains so. Extremities are flaccid. His arterial blood gas was poor, respirations were shallow. He was subsequently intubated and is being manually ventilated. You'll need a ventilator. His stomach was lavaged and charcoal instilled via an Ewald tube. He now has a nasogastric tube in place to low wall suction. All admitting lab tests, serum and urine toxicology, and chest x-rays were done. Oh -- he's on a 302 involuntary commitment. When can we bring him up?"

As you make the bed you debate about putting a waist posey belt on the bed, then remember it is Hospital policy, even though he is unresponsive. Better safe than sorry, so you lock the belt in place. You wonder if this is his first suicide attempt. What made him want to either end his life or use this extreme gesture to cry out for help?

He arrives and is placed on a ventilator and cardiac monitor, and all other necessary equipment is readied. A meticulous assessment of body systems is begun. But, the actual reason this person is here will remain a mystery for hours. There are no family members available to discuss the history of this event and no previous psychiatric history.

## Hoffman's Forte: When They Can't Eat Cake and TPN May Be The Prescribed Treatment

Chronic starvation is an outcome of many illnesses. Its treatment may be total parental nutrition. In some instances, the ill person or his or her family is able to assume responsibility for the total parental nutrition (TPN) regimen at home. For this to occur, the patient needs to acquire a potpourri of special knowledge, skills and attitudes.

Most providers have insufficient experience with home TPN to support the patient through the process of learning to live with it. One excellent resource is the nutritional support nurse at Lehigh Valley Hospital Center.

A few weeks ago, the 6T staff and I had an opportunity to contact Marian Hoffman, R.N., the Hospital Center's nutritional support nurse available to The Allentown Hospital. Marian holds a BSN degree from College Misericordia, a master's degree in education from Villanova

University and six years of experience in nutritional support nursing. She brings her rich background to the bedside, where she appears armed with a Hickman catheter dangling from a rubber torso, slides, booklets, and a vivacious, self-assured personality. She helps to monitor nutritional status while teaching the patient and his or her family the intricacies of Hickman catheter care, TPN administration, operation of an electronic infusion pump, and safety. Marian blends humor and optimism with facts and much practice. She draws on the expertise of the nutritional support team as necessary.

Gradually, she encourages the patient to assume full responsibility. "It's the most rewarding aspect of the work," says Marian. "There is nothing like seeing the families managing at home and having them tell you that they believe they can do it." Marian says the trust patient and/or families (please turn to page 7)

Next, a patient care plan is developed. The short term goals are quickly written based on the admission assessment: stabilize and monitor hemodynamic state, prevent complications, and transfer to Psychiatry. But dealing with this patient's psychological needs is also a goal.

The challenge facing the ICU nurse is dealing with the patient's psychological needs, which are so unique and vital. Sometimes the experience is rewarding. Sometimes it is frustrating and impossible. Often it is quite challenging: usually the patient is vulnerable, angry, scared, and wants to go home.

The typical experience involves a request for two privileges -- a cigarette and a phone call. Trying to explain the smoking policy of the Hospital is of no avail. Many times the patient is given permission to go to the smoking room with an escort. In order to make a telephone call, it again entails disconnecting the monitor and all other equipment, taking the patient to the desk (please turn to page 7)



# Recognizing

## New Vice President

### **Bonnie Smith, R.N.,**

was recently promoted from her position as director of Outpatient Services to vice president. We want to take this opportunity to recognize Bonnie's accomplishment and applaud a nurse's success.

Bonnie is a diploma graduate of Lutheran Hospital, Md. She later obtained her bachelor's degree in Health Administration from St. Joseph's College, Maine and is currently enrolled in the University of Scranton's master's program in Human Resource Administration. She will complete her master's degree requirements in December 1987.

She began her work experience as a pediatric nurse at Lutheran Hospital, Md. and later worked at Greater Baltimore Medical Center. She was also a public health nurse for the Baltimore Department of Health.

After leaving Baltimore, Bonnie lived in Cuba for two years while her husband was in the service. She says this was an interesting time since she had the opportunity to visit other islands in the Carribean.

Bonnie has been at The Allentown Hospital for the past nine years. Starting at the Hospital as a volunteer working with Russell Puschak, M.D., Pediatrics chairman, she wrote a grant proposal for a poison control center. During this time, Bonnie was also involved in volunteer service for many community organizations some of which include Meals on Wheels, Lehigh County Medical Society, and the Miller Memorial Blood Center.

Until the poison control grant was approved, The Allentown Hospital did not have a formal poison control program. In September 1978, Bonnie became coordinator for the Lehigh Valley Poison Center. She developed

poison education programs and took these programs into the schools. Under Bonnie's leadership, The Allentown Hospital poison center grew from serving our Hospital to serving 20 participating hospitals.

In 1982, Bonnie was appointed director of Outpatient Services. This position encompassed administrative responsibility for the Ambulatory Surgical Unit, Hemophilia Center, the Clinics, Emergency Center and the Lehigh Valley Poison Center. In July 1985, the Gastrointestinal Laboratory and the dental facility were added to her responsibilities.

With Bonnie's promotion to vice president, she assumed responsibility for all the outpatient services just mentioned plus Pastoral Care, WomanCare, Physical Therapy

Services, and grants management. Bonnie was also involved in the development of the Ambulatory Care Professional Association of Eastern Pennsylvania, which became an official organization in September 1987 with Bonnie as the first president.

All of this leaves little spare time for Bonnie, but in her leisure time she does enjoy horseback riding and skiing. Bonnie resides in Allentown with her husband and daughter, and has a son attending college. In addition, she adds that her family also includes two cats and two horses.

*We congratulate you, Bonnie.*

*Kay Fenstermaker, R.N.  
Nursing Administration*

**Ann Andres, R.N., Labor and Delivery, and Jane Ballman, R.N., Dialysis Center,**  
*completed the master's degree program in Human Resource Administration from the University of Scranton.*

**Victoria Geiger, R.N. and Karen Schleicher, R.N.,**  
*both Labor and Delivery nurses, passed the certification examination for inpatient obstetrical nursing given by the Nurses' Association of the American College of Obstetricians and Gynecologists (NAACOG).*

**Jack Schwab, R.N.,**  
*currently one of our evening supervisors, has been appointed head nurse of the Transitional Care Unit (TCU), scheduled to open in February 1988. More information on Jack and the new unit will appear in the winter edition of Nursing Voice.*

# Congrats!



## ACCU from page 1

enables the nurse and physician to easily observe the effect of interventions on the critically-ill patient over a specific period of time.

Another function of data management is in performing physiologic calculations of hemodynamic, oxygenation, ventilation, and renal data. These derived values such as systemic vascular resistance, cardiac index, and left cardiac work provide a more accurate indication of undesirable outcomes and can warn of major dysfunction and allow for earlier intervention.

The second component is the arrhythmia detection system. This is designed to alert the nursing staff to changes in cardiac rhythm. The computer accomplishes this by continuously analyzing the patient's rhythm to identify abnormalities. Once detected, audible/visible alarms are generated with a recording of the event. The alarms are graded and prioritized according to severity. For instance, ventricular fibrillation is a red alarm signifying that a life-

threatening condition exists. A missed beat is a yellow alarm signifying a serious but not life-threatening condition. The accuracy in this system's performance is greatly enhanced when given appropriate feedback by the nursing staff.

The alarm events are stored chronologically and arranged by categories. They can be displayed by bar graphs to evaluate trends, illustrating a decrease or increase in frequency of events. They can be compared to other data to identify relationships previously unsuspected.

The Hewlett Packard monitoring system has greatly aided patient management by nursing personnel in the ACCU. The knowledge derived from this system, correlated with astute nursing assessment, has assisted in defining and executing an appropriate individualized plan of care for each patient.

Carol Acernese, R.N.  
Acute Coronary Care Unit

Brenda Salatino, R.N.  
Nursing Education

## TPN from page 5

have in her is a bonus. *"It's just great and it keeps me going."*

A nurse's nurse, she also assists her peers in caring for patients' nutritional needs. Slide projector in hand, she is seen hustling off to the Hickman catheter inservice programs. Pencil in hand, she works on nursing policies and procedures for safe, effective nutritional support. Notes in hand, she reaches out to the community, speaking to a variety of professionals at colleges or community centers.

Like all roles, Marian's has a unique set of challenges. There are many demands on her position. Her inability to control the time necessary to care for patients makes it difficult to

meet deadlines. *"I'm often stretched thin and sometimes buried beneath a heap of work."*

There are role ambiguities which may confuse patient teaching. "Patients learn best if they can develop trust and confidence in one instructor. Although all disciplines teach the same principles, individual styles may contribute to patient confusion," Marian says.

Despite the frustrations, we can count on the services of the nutritional support nurse for ourselves and our patients into the future. When asked what is on the horizon, Marian replied, *"There are so many things to accomplish, I can't imagine a better*

## NURSING CHALLENGE

from page 5

telephone, and being understanding as one phone call stretches to three. Both of these privileges become time-consuming, especially with an assignment of other critically-ill patients.

In conclusion, O.D. patients represent varied ICU nursing challenges. They can be noisy, uncooperative, manipulative, and almost unbearable. Sometimes, they have critical physical needs which may require dialysis, respiratory assistance or invasive monitoring. Sometimes a patient does not survive. Other times patients come up from the Emergency Center alert and sitting up on the stretcher. They may regret what they have done or may have been seeking attention. Not all O.D.s can be grouped together. Each one is unique and needs to be cared for as an individual.

*The ICU nurse, assigned to monitor overdose patients, is always reminded of the need to care for a patient not only physically, but also psychologically, emotionally, and socially. In an environment in which nursing has become very technical and monitor-oriented, it often presents a challenge of a very different kind.*

Michele Geiger, R.N.  
Intensive Care Unit

*position. It gives me a chance to combine the two best aspects of nursing - patient care and teaching. The longer I do it, the better I like it."*

Marian Hoffman can be consulted to teach, or help teach patients, with an order for home TPN through a physician's consult to the nutritional support team. She is available for nursing consultation on beeper number 1163.

Carole Moretz, R.N.  
6T



# Flossie's Forget-Me-Nots

Dear Sari,

I told you I'd write about the progress on the East Wing. I have started to see some walls coming down, and there are plenty of boxes sitting around and lots of people talking about moving.

The stories those old walls could tell! When I walk into old Ward A - that's where Educational Development and the Heart Station had been - I wonder how we squeezed 20 iron beds in there. The side rails were detachable - remember all the times we pinched our fingers? How about dragging all those portable screens around patients' beds for privacy?

Contact isolation and resistant organisms weren't even words in our vocabulary in those days. We scrubbed with soap and a stiff brush for five minutes, and then did our procedures with bare hands. Rubber gloves were used only in the OR. Now, we carry latex gloves in our pockets along with our pens and tape. I do believe I'm immune for life!

Oh, those trays of medications we carried - glass cups in metal holders on a cafeteria size tray. It was heavy, and remember how we weren't allowed to set the tray down for any reason. All of the glasses were washed by the medicine nurse after each use and then dried. If the glasses weren't dried properly, the pills would stick to the bottom, and don't forget that we had only one hand to use to administer medications ... the other one was still holding the tray. If we dropped the tray, all we could do was cry.

The Health Office, on the third floor between Sections C and D, was a busy place. Remember how we stood in line with menstrual cramps for that horrible brown liquid medicine. I don't remember that it ever had a name - the bottle just said "for cramps." We didn't know which was worse, the pain or the treatment.

On the fourth floor were Sections E and H, medical wards with many poor patients. On Section H, some patients had actually lived there for 10 to 15 years. There were no nursing homes then, only the County Home, now called Cedarbrook. People in the Lehigh Valley referred to that as "The Poor House." The nursing staff did the laundry for these ladies, as each day they wore their "house dress" just as they would have at home. They sat in their chairs all day long and surveyed their domain.

Section E was a story in itself, with the slanting tile floors, the cubicles for tuberculosis patients down the side, isolation buckets (garbage pails) for their dishes, and big oxygen tanks with leather straps, which attached the tanks to the patient's bed. Section E was at one time an open roof. Pneumonia patients were placed there for fresh air, which was considered a cure. This unit was both fun and a lot of hard work.

I smile when I think of how far we have advanced in knowledge and technology. Each new piece of sophisticated equipment amazed us at what it did and how it improved patient care. But you know, Sari, the common factor in patient care, then and now, is the human touch. As the profession continues to advance, this part of patient care will remain unchanged.

I'm anxious to see what the new East Wing will bring to us. I'll write again soon.

Your friend,  
Flossie

Pat Stein, R.N.  
4T

## Nursing Voice

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